PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF	Docket No. (Optional) 8733.294.00					
	In re Application of Seung I	Kuk Ah	าก			
	Application Number 09/654,943		Filed September 1, 2000			
	For: METHOD AND APPAR DISPLAY PANEL IN IN			NG LIQUID CRYSTAL		
	Art Unit 2673	aminer	Vincent E. Kovalick			
This is a request under the provisions identified application.	s of 37 CFR 1.136(a) to extend the	period	d for filing a	reply in the above		
The requested extension and approp	riate non-small-entity fee are as fo	llows (check time	period desired):		
One month (37 CFR 1.1	One month (37 CFR 1.17(a)(1))					
Two months (37 CFR 1.	17(a)(2))		\$			
X Three months (37 CFR 1	1.17(a)(3))		\$	1,020.00		
Four months (37 CFR 1.	.17(a)(4))		\$			
Five months (37 CFR 1.	17(a)(5))		\$			
X The Director is hereby authoric overpayment, to Deposit Account have enclosed a duplicate column applicant/inventor assignee of recon	fee is enclosed. In PTO-2038 is attached. In authorized to charge fees in this sized to charge any fees which may bunt Number	be rec	quired, or cr	edit any		
[J]	der 37 CFR 3.73(b) is enclosed. (I	Form F	•	•		
attorney or agent Registration numb July 11, 2005	of record. Registration Number under 37 CFR 1.34(a). ber if acting under 37 CFR 1.34(a)		40,106	— — 1112——		
Date (202) 406 7500	O		/ Signati	ıre		
(202) 496-7500 Telephone Number		Ту	Eric J. N ped or print			
NOTE: Signatures of all the inventors or assign than one signature is required, see below	nees of record of the entire interest or their repr	esentativ	e(s) are required	d. Submit multiple forms if more		
Total of	forms are submitted.					

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Name

Eric J. Nuss

Effective on 12/08/2004

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Complete if Known

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	Edated Asses	A-4 200E	W D 4040	Complete if Known								
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 09/654,943									
FEE TRANSMITTAL			Filing Date		September 1, 2000							
			First Named Inventor		Seung Kuk AHN							
FOR FY 2005				Examiner Name		Vincent E. Kovalick						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2673								
TOTAL AMOUNT OF PAYMENT (\$)1,020.00				Attorney Docket No. 8733.294.00								
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name:												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated				harge fee(s) indica	ted below, exc e	pt for the filin	g fee					
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments												
under 37 CFR 1.16 and		scomo nublic. Cr	adit card inform	nation should not	ha included on	this form Pr	ovide credi	t card				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION								_				
1. BASIC FILING, SEARCH	I. AND EXA	MINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES												
		Small Entity	-	Small Entity		Small Entity						
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	-	Fees Paid (\$)				
Utility	300	150	500	250	200	100	\$	5.00				
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES							F (#)	Small Entity				
Fee Description Each claim over 20 or, for Re	oiceuce cact	o claim over 20 a	and more than	in the original na	tent		<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25				
Each claim over 20 or, for Re Each independent claim ove						ent	200	100				
Multiple dependent claims					J - F -		360	180				
Total Claims												
- 20 or HP =	X		=0.00	<u>Fee (\$)</u> <u>F</u>			Fee Paid	<u>(\$)</u>				
HP = highest number of total clain Indep. Claims Ext	tra Claims	Fee (\$)	Fee Pai	d (\$)				_				
- 3 or HP =	0 x	200.00	= 0.00									
HP = highest number of indepen	dent claims pai	id for, if greater tha	in 3									
3. APPLICATION SIZE FEE		100 - 1 1 5		- 45	- :- 6050 (64)	55 6 11	414 A Fan a					
If the specification and drawi 50 sheets or fraction the					e is \$250 (\$12	25 for small e	ntity) for ea	ich additional				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)												
100 = / 50 = (round up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification \$130 for (no small entity discount)												
Non-English Specification, \$130 fee (no small entity discount) Other: 3-month extension-of-time Filing Fee							\$1,020.00					
Stronomontrexto		900				-						
SUBMITTED BY	~											
Signature		Mura	Re	egistration No.		Telephone						
I		y ve	- I (A	ttorney/Agent)		(202) 496-7	500					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

40,106

Date

July 11, 2005